

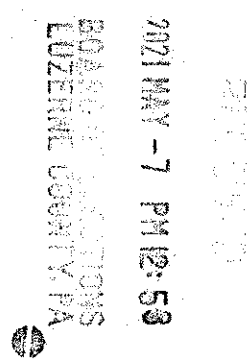
Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Chris Perry					
Street Address		228 Circle Drive					
City	Mountaintop	State	PA	Zip Code	18707		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/18/2021	Year	2021		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/06/2021	05/03/2021	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	520.00	
C. Total Funds Available (Sum of Lines A and B)	\$	520.00	
D. Total Expenditures (From Schedule III)	\$	460.89	
E. Ending Cash Balance	\$	59.11	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	20.00	

Affidavit Section

If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

24th day of May 20 21

Signature: *Christina M. McGarry*

My Commission expires 3 24 2024 MO. DAY YR.

Signature of Person Submitting report: *Mary Perry*

Printed Name: Mary Perry

Area Code: 570 Daytime Telephone Number: 261-5339

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

24th day of May 20 21

Signature: *Christina M. McGarry*

My Commission expires 3 24 2024 MO. DAY YR.

Signature of Candidate: *Chris Perry*

Printed Name: Chris Perry

Area Code: 570 Daytime Telephone Number: 956-1881

Commonwealth of Pennsylvania - Notary Seal
 Christina M. McGarry, Notary Public
 Luzerne County
 My commission expires March 24, 2024
 Commission number 1205769
 Member, Pennsylvania Association of Notaries

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SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Friends of Chris Perry
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$ 20.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
Total for the reporting period	(2)	\$ 0.00

3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	500.00
Total for the reporting period	(3)	\$ 500.00

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$ 0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	520.00

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
 (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Friends of Chris Perry
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Full Name of Contributor					Joseph Moran		Date [MM/DD/YYYY]		\$	500.00
							03/22/2021			
House #	229		Street Address		W 12th Street		Date [MM/DD/YYYY]		\$	
City	Hazleton		State	PA	Zip Code	18201	Date [MM/DD/YYYY]		\$	
Employer Name							Occupation		retired	
Employer Mailing Address / Principal Place of Business										
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #			Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name							Occupation			
Employer Mailing Address / Principal Place of Business										
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #			Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name							Occupation			
Employer Mailing Address / Principal Place of Business										
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #			Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name							Occupation			
Employer Mailing Address / Principal Place of Business										

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Friends of Chris Perry
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To Whom Paid		Hazleton School ECU			Date [MM/DD/YYYY]	\$	10.89
					03/26/2021		
House #	1049	Street Address	Wilbur Court		Description of Expenditure		
City	Hazleton	State	PA	Zip Code	18202	check order	
To Whom Paid		Luzerne County Republican Party			Date [MM/DD/YYYY]	\$	400.00
					04/19/2021		
House #	212	Street Address	Wyoming Avenue		Description of Expenditure		
City	Kingston	State	PA	Zip Code	18704	donation	
To Whom Paid		117 District Republican Party			Date [MM/DD/YYYY]	\$	50.00
					04/22/2021		
House #		Street Address			Description of Expenditure		
City	Dallas	State	PA	Zip Code		donation	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filler Identification Number:	Friends of Chris Perry
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Name of Creditor		Chris Perry				Outstanding Balance of Debt
House #	228	Street Address	Circle Drive		DATE DEBT INCURRED [MM/DD/YYYY]	\$ 20.00
City		Mountaintop	State	PA	Zip Code 18707	
Description of Debt		loan to campaign- open account				

Name of Creditor						Outstanding Balance of Debt
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State		Zip Code	
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State		Zip Code	
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State		Zip Code	
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State		Zip Code	
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State		Zip Code	
Description of Debt						

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Chris Perry					
Street Address		228 Circle Drive					
City	Mountaintop	State	PA	Zip Code	18707		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/06/2021	05/03/2021	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00	
D. Total Expenditures (From Schedule III)	\$	(20.00)	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	(20.00)	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn and subscribed before me this

10th day of May 20 21

Signature

Commission expires 3-24-2024 MO. DAY YR.

Chris Perry

Signature of Person Submitting report

Chris Perry

Printed Name

570

Area Code

956-1881

Daytime Telephone Number

If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as

Sworn and subscribed before me this

day of 20

Signature

My Commission expires MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Christina M. McGarry, Notary Public
 Luzerne County
 My commission expires March 24, 2024
 Commission number 1205769
 Member, Pennsylvania Association of Notaries

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SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Chris Perry
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To Whom Paid	Friends of Chris Perry	Date [MM/DD/YYYY]	03/18/2021	\$	20.00
House #	228	Street Address	Circle Drive		
City	Mountaintop	State	PA	Zip Code	18707
Description of Expenditure					
loan to campaign-open account					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	LOBBYIST																				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST FRIENDS OF CHRIS PERRY																									
STREET ADDRESS 228 CIRCLE DRIVE																									
CITY MOUNTAINTOP		STATE PA	ZIP CODE 18707																						
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE LUZERNE COUNTY COUNCIL		DISTRICT NO.	PARTY Rep																				
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY <input checked="" type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		DATES OF REPORTING PERIOD <table border="1"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>05</td><td>04</td><td>21</td> <td></td> <td>06</td><td>07</td><td>21</td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	05	04	21		06	07	21	DATE OF ELECTION <table border="1"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>05</td><td>18</td><td>2021</td> </tr> </table>		MO.	DAY	YEAR	05	18	2021
MO.	DAY	YEAR	TO	MO.	DAY	YEAR																			
05	04	21		06	07	21																			
MO.	DAY	YEAR																							
05	18	2021																							
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>59.11</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>20.00</u>																									
<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>						AMENDMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO														
AMENDMENT REPORT?	YES	NO																							
TERMINATION REPORT?	YES	NO																							
FOR OFFICE USE ONLY 2021 JUN 17 PM 1:05																									

AFFIDAVIT SECTION

PART I -
 Statement is filed on behalf of a Political Committee or Candidates' Committee, the Treasurer must sign here.
 Statement is filed on behalf of a Candidate, the Candidate must sign here.
 Statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 16th DAY OF JUNE 2021
 Signature: Christina M. McGarry
 MY COMMISSION EXPIRES 3-24-2024

SIGNATURE OF PERSON SUBMITTING REPORT
Mary Perry
 PRINTED NAME: MARY PERRY
 AREA CODE: 570 DAYTIME TELEPHONE NUMBER: 570-261-5331

PART II -
 Statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 16th DAY OF JUNE 2021
 Signature: Christina M. McGarry
 MY COMMISSION EXPIRES 3-24-2024

SIGNATURE OF CANDIDATE
Chris Perry
 PRINTED NAME: CHRIS PERRY
 AREA CODE: 570 DAYTIME TELEPHONE NUMBER: 956-1881

Commonwealth of Pennsylvania - Notary Seal
 Christina M. McGarry, Notary Public
 Luzerne County
 My commission expires March 24, 2024
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